

01/18/2011 Tue 08:36

Salinas Valley Radiologists, Inc. 831-796-3891

ID: #313262 Page 1 of 1



Salinas Valley Radiologists, Inc.  
559 Abbott Street  
Salinas, California 93901  
SVR Main Line: (831) 775-5200

James A. Kowalski, MD  
Donald A. Catalano, MD  
Giles A. Duesdieker, MD  
Michael E. Basse, MD  
David A. Staunton, MD  
Gary E. Falkoff, MD  
Richard A. Villalobos, MD

B. Misa Hosohama, MD  
F. Scott Pereles, MD  
Temoor Anwar, MD  
Amy Lantis Stemmerman, MD  
Richard W. Rupp, MD  
Jennifer C. Lin, MD

PATIENT NAME: **JOEL NUNEZ**

ACCOUNT NO	ACCESSION NO	DATE OF BIRTH	AGE / SEX	DATE OF SERVICE	OUTSIDE NO
M200033698	1000255193	06/28/1969	41 / M	01/13/2011	K63350

AT THE REQUEST OF  
**TIMOTHY FRIEDERICHS, MD**  
**PO BOX 686**  
**SOLEDAD, CA 93960-0000**

LOCATION  
**SALINAS VALLEY RADIOLOGISTS - CTF XR**

GRP XR ELBOW COMPLETE (THREE VIEWS OR MORE) RT

**FINDINGS:** The mineralization is normal. The joint spaces are maintained. No fracture, erosive or destructive change of bone. No evidence of joint effusion.

**CONCLUSION:**  
Negative right elbow.

Reviewed by: *[Signature]*

JAN 24 2011

T. Friederichs, M.D.

Richard A. Villalobos, MD      01/17/2011 4:52PM VP    01/17/2011 8:08 PM

Electronically signed by Richard A. Villalobos, MD 1/18/2011 08:36:08

(THIS INFORMATION IS RELEASED FOR YOUR PROFESSIONAL USE AND IS PRIVILEGED.  
DO NOT DUPLICATE WITHOUT THE EXPRESSED PERMISSION OF THE PATIENT.  
IF YOU RECEIVE THIS REPORT IN ERROR, PLEASE CONTACT OUR FACILITY.)

A-100

James Carter Thomas, MD, APC  
1122 North Irwin Street  
Hanford, CA 93230  
559-584-4427

Patient: Nunez, Joel  
ID: K63350-C4  
DOB: 06/28/1969

Date of Service: 10/21/2010

Referring healthcare provider: Junior Fortune

LUMBO-SACRAL SPINE: October 19, 2010

AP and lateral views of the lumbosacral spine reveal a normal lordotic curvature. Moderate disc narrowing is seen at L4-L5. ~~Herniation versus degeneration of the disc material should be considered. This was not seen on the prior examination of March 13, 2002. Other lumbar disc spaces appear within normal limits. The general bone density is within normal limits.~~ No bony injury is seen.

#### IMPRESSION

Disc narrowing at L4-L5.

Document authenticated by James Carter Thomas, M.D. on 10/21/2010 17:48:16.

John Chokatos, M.D.

OCT 26 2010

A101

James Carter Thomas, MD, APC  
1122 North Irwin Street  
Hanford, CA 93230  
559-584-4427

Patient: Nunez, Joel  
ID: K63350-C4  
DOB: 06/28/1969

Date of Service: 06/04/2010

Referring healthcare provider: Junior Fortune

CHEST PA AND LATERAL: June 1, 2010

PA and lateral films of the chest reveal no acute pulmonary infiltrates. The costophrenic angles are sharp. The heart size is within normal limits. The course of the aorta is within normal limits. Pulmonary vessels are unremarkable. The infiltrates seen in the left upper lobe and the left hilar prominence seen on the prior examination of September 15, 2009 are not apparent currently.

Impression:

Normal chest

Document authenticated by James Carter Thomas, M.D. on 06/04/2010 17:04:34.

*f. M. Thomas MD*  
06/04/2010

Consultation

Page 1 of 1

A102

James Carter Thomas, MD, APC  
1122 North Irwin Street  
Hanford, CA 93230  
559-584-4427

Patient: Nunez, Joel  
ID: K63350-C1  
DOB: 06/28/1969

Date of Service: 09/17/2009

Referring healthcare provider: Dr. Ortiz-Singh

CHEST PA AND LATERAL:

PA and lateral films of the chest reveal a focal infiltrate in the left upper lobe. Left hilar prominence is also noted. The right chest appears clear. The costophrenic angles are sharp. The heart size is within normal limits. The course of the aorta is within normal limits. Pulmonary vessels are unremarkable.

Impression:

Left upper lobe pneumonia with hilar prominence, rule out Valley Fever.

Document authenticated by James Carter Thomas, M.D. on 09/17/2009 14:31:42.

9/23/09  
Add on  
9/23  
SRT

A103

CALIFORNIA STATE PRISON - SOLANO

RADIOLOGY REPORT

ROUGH DRAFT  
COPY

NAME: NUNEZ, Joel  
CDC#: K-63350  
HSG: 6-235U  
AGE: 6-28-69

ORDERING M.D./OTHER: Traquina

TYPE OF X-RAY: PA Chest

DATE OF X-RAY: 5-6-04

INDICATION: Rule out TB contact investigation

FINDINGS: The cardiomediastinal silhouette is normal in size and shape. The pulmonary vascularity and hila are normal. No acute pneumonitis or pleural effusion is seen. The visualized osseous structures are unremarkable.

IMPRESSION: NO ACUTE CARDIOPULMONARY DISEASE IDENTIFIED.

CHRISTOPHER J. SCHULTZ, M.D.  
Radiologist

D/T: 5-9-04/5-17-04

CJS/bc

A104

CALIFORNIA STATE PRISON - SOLANO

RADIOLOGY REPORT

NAME: NUNEZ, Joel  
CDC#: K-63350  
HSG: 6-235U  
AGE: 6-28-69

ORDERING M.D./OTHER: Traquina

TYPE OF X-RAY: PA Chest

DATE OF X-RAY: 5-6-04

INDICATION: Rule out TB contact investigation

FINDINGS: The cardiomediastinal silhouette is normal in size and shape. The pulmonary vascularity and hila are normal. No acute pneumonitis or pleural effusion is seen. The visualized osseous structures are unremarkable.

IMPRESSION: NO ACUTE CARDIOPULMONARY DISEASE IDENTIFIED.

5  
CHRISTOPHER J. SCHULTZ, M.D.  
Radiologist

D/T: 5-9-04/5-17-04

CJS/bc

A105



CALIFORNIA STATE PRISON - SOLANO

**RADIOLOGY REPORT**

P. O. BOX 4000, VACAVILLE, CA 95696-4000

NAME: NUNEZ, JOEL  
CDC#: K-63350  
HSG: 11-245L  
AGE: 06/28/69  
ORDERING PHYSICIAN: T. PENNINGTON

TYPE OF X-RAY: LUMBAR SPINE

DATE OF X-RAY: 03/13/02

=====

LUMBAR SPINE - complete with obliques total of 5 views.

CLINICAL HISTORY: Multiple injuries with increasing pain.

FINDINGS:

Minimal degenerative changes are seen within the lumbar spine. No acute fracture, subluxation, spondylolisthesis or spondylolysis is seen. The soft tissues are within normal limits.

IMPRESSION: Minimal degenerative changes of the lumbar spine.

  
David Goller, M. D.  
Radiologist

DG/bc

D: 03/14/02  
T: 03/20/02

CALIFORNIA STATE PRISON - SOLANO

**RADIOLOGY REPORT**

P. O. BOX 4000, VACAVILLE, CA 95696-4000

NAME: NUNEZ, JOEL  
CDC#: K-63350  
HSG: 11-245L  
AGE: 06/28/69  
ORDERING PHYSICIAN: T. PENNINGTON

TYPE OF X-RAY: **LUMBAR SPINE**

DATE OF X-RAY: **03/13/02**

=====

LUMBAR SPINE - complete with obliques total of 5 views.

CLINICAL HISTORY: **Multiple injuries with increasing pain.**

**FINDINGS:**

Minimal degenerative changes are seen within the lumbar spine. No acute fracture, spondylolisthesis or spondylolysis is seen. The soft tissues are within normal limits.

IMPRESSION: **Minimal degenerative changes of the lumbar spine.**

David Goller, M. D.  
Radiologist

DG/bc

D: 03/14/02  
T: 03/20/02

ROUGH DRAFT  
COPY

(A)  
03/21/02  
[Signature]

A107



State of California-Department of Corrections

**X-RAY REPORT****NORTH KERN STATE PRISON**

C

Last Name:	NUNEZ
First Name:	JOEL
CDC #:	K63350
Arrival Date:	7/17/00
DOB:	6/28/69
Housing:	FB-B1-229U

Ordering MD:	MEKEMSON
Date Ordered:	7/19/2000
Date Completed:	7/19/2000

Clinical History: PPD+

X-Ray of:

**TWO VIEW CHEST****FINDINGS:**

Heart size is within normal limits. There is no vascular congestion. No area of pneumonia is identified. Pleural effusions are not present. Apices are clear. Osseous structures are intact.

**IMPRESSION:**

No active disease. Negative for tuberculosis.

D: 7/25/2000

T: 7/26/2000



T. MACLENNAN, M.D.

TM/tc 0467

A108

California Prison Healthcare Services

PLEASANT VALLEY STATE PRISON

**MEDICAL CONSULTATION**

<b>PATIENT NAME:</b> NUNEZ, Joel	<b>CDCR#:</b> K63350	<b>BIRTH DATE:</b> 06/28/1969
<b>DATE OF SERVICE:</b> 11/10/2010	<b>HOUSING:</b> C4 T2 223U	<b>PAROLE DATE:</b> LIFE

REQUESTING PROVIDER:

CONSULTING PROVIDER: Angelica Duenas, MD and the Clinical Case Management Review Committee.

DATE OF CONSULTATION: 11/10/2010

REASON FOR CONSULTATION: Back pain.

**HISTORY OF PRESENT ILLNESS:** This is a 41-year-old Hispanic male who has experienced lower back pain since approximately 1999, when after carrying a heavy rug he pushed his back to one side and began to experience pain in his lumbar area. The pain never radiated to his buttocks or to his legs, but the pain has been present on and off since then. The patient stated that doing some stretches helps the pain, but the pain is always constant there. The patient, in the past, was evaluated by several providers and physical therapy was recommended, but the patient refused. At some point, the patient was given tramadol for the pain, and this apparently was able to help, and recently one of the providers felt that tramadol was no longer indicated for this degree of pain and they tapered him off and put him on naproxen 500 mg twice a day. The patient stated that the pain is not there all the time, but when it comes, it is 9/10. It can get exacerbated sometimes when bending forward, picking up things; sometimes it happens at night when he is lying down, or sometimes it can start when he is sitting. It lasts a few minutes and then goes away. At the present time, during this interview he says his pain is minimal. Recently he started to experience some knee problems on the right side, and he is no longer running as he did before. He is only walking, and that is the only activity that he does on a regular basis.

**PAST MEDICAL HISTORY:** Other past history includes: Valley fever that was treated in the past, and he is no longer taking any medications. On 09/17/2009 he had left upper lobe pneumonia, secondary to valley fever.

CURRENT MEDICATION: Naproxen 500 mg 1 twice a day.

**ALLERGIES: TO MEDICATIONS: NONE.**

**SOCIAL HISTORY:** The patient is in prison for life for a third strike conviction. He has 1 Rules Violation Report (RVR) for possession of marijuana. No other drug-related charges.

**PHYSICAL EXAMINATION:**

**GENERAL:** A visual examination was performed today. The patient was walking into the room with no abnormal gait. He was able to sit down on the chair, get up with no problems. His movements were brisk. The patient spoke English as his second language. We spoke in slow conversation for him to capture most of everything, but he was able to do so with no difficulties. He was calm and attentive to our recommendations.

The chart was reviewed.

Patient Information:

**NUNEZ Joel**  
**K63350**  
**06/28/1969**  
**C4 T2 223U**  
**Medical Consultation**

Confidential Printed 2016-07-14 15:55 -07'00'

A109

California Prison Healthcare Services

PLEASANT VALLEY STATE PRISON

LABORATORY DATA: His most recent coccidioidomycosis serology titer of 06/16/2010 was negative. He actually has no immunity no IgG. CBC, CMP dated 09/24/2010, including lipid panel, were all unremarkable. A hepatitis panel was only reactive for previous antibodies for hepatitis A and negative for hepatitis B or C.


DIAGNOSTIC DATA: His last lumbosacral spine x-ray dated 10/21/2010 showed disk narrowing between L4-L5, and this was not seen on the previous examination on March 3, 2002.        disk disease is        e. Chest x-ray 06/04/2010 was normal.

ASSESSMENT: Chronic lower back pain, secondary to degenerative disk disease and mainly mechanical back pain.

DISCUSSION: The Review Committee discussed this case.

1. We felt that the tramadol indeed is not indicated for this level of pain. With his level of pain, naproxen 500 mg b.i.d. is indicated.
2. We believe strongly that the patient will benefit from a physical therapy evaluation and treatment course. The patient is doing some stretches. We encouraged him to do so.
3. We talked with the patient about his expectations, and he was educated about the fact that his back pain might never be completely gone, ~~but~~ there are positions/movements that will aggravate it, so he needs to limit his mobility and only do the ones that do not exacerbate the pain.

PLAN: This committee will review the case in the future if needed.

  
Angelica Dueñas, MD

AD/js

D: 11/10/2010 12:44:00 pm

T: 11/10/2010 01:44:03 pm

Job #: 96408

Patient Information:

NUNEZ Joel

K63350

06/28/1969

C4-T2 223U

Medical Consultation

Confidential Printed 2010-07-12 12:55 -07'00'

A110



California Prison Healthcare Services

CORRECTIONAL TRAINING FACILITY

**MEDICAL PROGRESS NOTE**

<b>PATIENT NAME:</b> NUNEZ, Joel	<b>CDCR#:</b> K63350	<b>DATE OF SERVICE:</b> 03/29/2011
<b>DATE OF BIRTH:</b> 06/28/1969	<b>HOUSING:</b> CFEW-T2-211U	<b>PAROLE DATE:</b> 2029

TIME: 1900 hours.

REASON FOR VISIT: Right knee pain.

**SUBJECTIVE:** The patient has had right knee pain off and on for 8 months now. It occasionally swells and then goes down. Naprosyn does not help much but a combination of Naprosyn and Tylenol helps some. The patient is scheduled for pterygium surgery on his left eye tomorrow.

**OBJECTIVE: VITAL SIGNS:** Blood pressure 125/76, pulse 66, respirations 18, temperature 98.1. Pain level was 8/10 in the right knee. Weight 192. Height 5 feet 8 inches. **HEENT:** No acute changes. There is a prominent pterygium present in the left eye. **LUNGS:** Clear to auscultation, no wheezing. **HEART:** Regular rate and rhythm, normal S1 and S2, no ectopic beats and no murmur. **ABDOMEN:** No localized tenderness and no abnormal masses. The liver is not palpably enlarged. **EXTREMITIES:** There is a small scar on the medial aspect of the right knee which is in the area of tenderness, medial joint line. Mild effusion noted today. There is some crepitus but nearly full range of motion of the right knee. Straight leg raise is negative bilaterally but done with some difficulty on the right due to knee pain. **NEUROLOGICAL:** Grossly intact. Deep tendon reflexes are 2+ and symmetric in the knees and ankles.

**ASSESSMENT:**

1. Suspect stable meniscus tear right knee.
2. Chronic low back pain.
3. History of valley fever, but no serologic evidence of same, apparently completely resolved.

**PLAN:**

1. MRI of the right knee requested.
2. Continue Naprosyn 500 mg 1 twice daily after meals as needed.
3. Tylenol 3 tablets by mouth everyday at noon.
4. Followup with primary care provider in 3 months.

**EDUCATION:** Utilization Management process explained to the patient. I also explained to him that he needed to be NPO after midnight tonight for his planned pterygium surgery tomorrow.

**DISPOSITION / FOLLOWUP:** Followup primary care provider in 3 months.



T. Friederichs, MD

TF/ac D: 03/29/2011 10:54:00 pm T: 03/30/2011 02:28:48 pm  
Job #: 146270

**Patient Information:**

**NUNEZ Joel**  
**K63350**  
**06/28/1969**  
**CFEW-T2-211U**

**Medical Progress Note**

Confidential Printed 2016.07.12 12:57:55 07:00

California Prison Healthcare Services

CORRECTIONAL TRAINING FACILITY

## MEDICAL PROGRESS NOTE

PATIENT NAME: NUNEZ, Joel	CDCR#: K63350	BIRTH DATE: 06/28/1969
DATE OF SERVICE: 01/06/2011	HOUSING: CFYW-T1-120U	PAROLE DATE: 2029

REASON FOR VISIT: Arthritis pain.

SUBJECTIVE: The patient has had pains in his back and in his right knee and right elbow for some time now. He was taking Ultram at Pleasant Valley State Prison (PVSP), but the Pain Committee apparently discontinued this. He was upset by this and has an appeal in regarding this matter. He also has not had x-rays of his knees yet and he would like this. The patient arrived at Soledad about 1-1/2 months ago from PVSP.

OBJECTIVE: VITAL SIGNS: Blood pressure 119/81, pulse 74, respirations 20, temperature 97.6. Oxygen saturation 97%. Weight 198 pounds. Height 5 feet 9 inches. HEENT: No acute changes. There is a prominent pterygium in the left eye and a smaller one in the right eye. CHEST: Clear to auscultation. No wheezing. HEART: Regular rate and rhythm. Normal S1 and S2. No ectopic beats and no murmur. ABDOMEN: No localized tenderness. The liver is not palpably enlarged. No abnormal masses. BACK: Fair range of motion with mild, diffuse lumbar tenderness. EXTREMITIES: There is a small scar on the medial aspect of the right knee, which is the area of tenderness, according to the patient. No swelling noted today. NEUROLOGICAL: Straight leg raising is negative bilaterally, but done with difficulty on the right, due to right knee pain. Grossly intact. Deep tendon reflexes are 2+ and symmetric in the knees and ankles.

## ASSESSMENT:

1. History of Valley Fever, now resolved.
2. Degenerative disk disease of the lumbar spine.
3. Probable osteoarthritis of the right knee.

## PLAN:

1. Naprosyn 500 mg 1 twice daily after meals.
2. Tylenol 325 mg 3 tablets every day at noontime.
3. Follow up with primary care provider in 1-2 months. The patient will have x-rays prior to that visit. We will also do a followup screening laboratory test, which will include a CBC, ESR and test for hepatitis B surface antibody. (Note: The patient checked negative for hepatitis B surface antibody in September 2010).

EDUCATION: The patient informed about his laboratory results. We discussed the risks and benefits of Naprosyn and he will be sure to take this medication after meals.



T. Friederichs, MD

TF/kc

D: 01/06/2011 07:12:00 pm

T: 01/07/2011 10:56:47 am

Job #: 114136

## Patient Information:

NUNEZ Joel

K63350

06/28/1969

CFYW-T1-120U

Medical Progress Note

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A112



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

## PATIENT-INMATE HEALTH CARE APPEAL

CDCR 602 HC (REV. 6/13)

Page 1 of 2

STAFF USE ONLY

Emergency Appeal

☐ Yes☐ No

Institution:

CTF HC

Log #:

160 43 409

Category:

Signature:

Date: 3/15/16

FOR STAFF USE ONLY

You may appeal any medical, mental health, or dental decision, action, condition, omission, policy or regulation that has a material adverse effect upon your welfare. See California Code of Regulations, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Health Care Appeals Coordinator (HCAC) within 30 calendar days of the event that led to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY.

Name (Last, First):

Nunez, Joel

CDCR Number:

K63350

Unit/Cell Number:

EW-319 Up

Assignment:

Education

State briefly the subject/purpose of your appeal (Example: Medication, To See Specialist, etc.): Deliberate Indifference in Medical Care (Re: Lam, Chief Medical Officer, CME, HMC/TMC, and all Decision-Makers Responsible)

**SECTION A.** Explain your issue (If you need more space, use Section A of the CDCR 602-A): I am submitting this complaint against Lam, the CMO, CME, TMC/HMC, and all Responsible Decision-Makers for the loss of my left index finger. Approximately October or November, I requested that Lam issue me a lower bunk chrono because of my lower back, neck, and knee issues. I was denied. On 1-28-16, I lost my finger trying to get on the upper bunk.

**SECTION B.** Action requested (If you need more space, use Section B of the CDCR 602-A): I request monetary compensation for my permanent injuries.

☐ Supporting Documents: Refer to CCR 3084.3.

List supporting documents attached (e.g., Trust Account Statement; CDCR 7410, Comprehensive Accommodation Chrono; CDCR 7362, Request for Health Care Services; etc.):

☐ No, I have not attached any supporting documents. Reason:

Patient-Inmate Signature:

Joel Nunez

Date Submitted: 2-24-16

By placing my initials in this box, I waive my right to receive an interview.

**SECTION C. FIRST LEVEL - Staff Use Only**

Check One: Is CDCR 602-A attached?

☐ Yes☒ No

Check One: Is this a recategorized/converted 1824?

☐ Yes☐ No

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E.☐ Rejected (See attached letter for instruction):

Date:

Date:

Date:

Date:

☐ Cancelled (See attached letter):

Date:

☒ Accepted Assigned to:

T. Friedrichs

Title:

MD

Date Assigned:

3/7/16

Date Due:

4/24/16

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview:

4-7-16

Interview Location:

C. Medical

Your appeal issue is:

☐ Granted☐ Granted in part☒ Denied☐ Other:

See attached letter. If dissatisfied with First Level response, complete Section D.

1. Disability Code:

2. Accommodation:

3. Effective Communication:

☐ TABE score  $\leq$  4.0☐ DPH ☐ DPV ☐ LD☐ DPS ☐ DNH☐ DNS ☐ DDP☐ Not Applicable☐ Additional time☐ Equipment ☐ SLI☐ Louder ☐ Slower☐ Basic ☐ Transcribe☐ Other\*☐ P/I asked questions☐ P/I summed information

Please check one:

☐ Not reached\* ☐ Reached

\*See chrono/notes

4. Comments:

TABE 8

Interview conducted? ☒ Yes ☐ No

Interviewer: T. Friedrichs

Title:

MD

Signature: T. Friedrichs

Date completed:

4-12-16

Reviewer:

D. Bright, D.O.

Chief Physician &amp; Surgeon CTF

Signature:

APR 12 2016

HCAC Use Only

Date received by HCAC:

RECEIVED

MAR 15 2016

HCAC Use Only

Date closed and mailed/delivered to appellant:

4-13-16

RECEIVED

ICAB

JUN 10 2016

HCAC USE ONLY

B1



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

**PATIENT-INMATE HEALTH CARE APPEAL**  
**CDCR 602 HC (Rev. 06/13)**

Page 2 of 2

**SECTION D.** If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Health Care Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

I incorporate all claims and requests made in Sections (A)&(B) of this appeal as though they were stated fully herein. I am not satisfied with the FLR response because but not limited to: (1) I haven't been monetarily compensated for my serious and permanent disability; and, (2) the FLR response indicates that this appeal was received on 3-15-16-totally inexcusable when this appeal was dropped in the appeals box on 2-24-16.

Patient-Inmate Signature: Joel Nunez Date Submitted: 4-27-16

**SECTION E. SECOND LEVEL - Staff Use Only**Check One: Is CDCR 602-A attached? ☐ Yes ☒ NoCheck One: Is this a recategorized/converted 1824? ☐ Yes ☐ No

This appeal has been:

☐ Bypassed at Second Level of Review. Go to Section G.☐ Rejected (See attached letter for instruction): Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_☐ Cancelled (See attached letter): Date: \_\_\_\_\_☒ Accepted Assigned to: S. Posson Title: CME Date Assigned: 4-29-16 Date Due: 6/10/16

Second Level Responder: Complete a Second Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: \_\_\_\_\_ Interview Location: \_\_\_\_\_

Your appeal issue is: ☐ Granted ☐ Granted in part ☒ Denied ☐ Other: \_\_\_\_\_

See attached letter. If dissatisfied with Second Level response, complete Section F.

## 1. Disability Code:

## 2. Accommodation:

## 3. Effective Communication:

☐ TABE score  $\leq$  4.0☐ DPH ☐ DPV ☐ LD☐ DPS ☐ DNH☐ DNS ☐ DDP☒ Not Applicable☐ Additional time☐ Equipment ☐ SLI☐ Louder ☐ Slower☐ Basic ☐ Transcribe☐ Other\*☐ P/I asked questions☐ P/I summed information

Please check one:

☐ Not reached\* ☐ Reached

\*See chrono/notes

4. Comments: TABE = 8Interview conducted? ☐ Yes ☒ No

Interviewer: \_\_\_\_\_ Title: \_\_\_\_\_

(Print Name)

Signature: \_\_\_\_\_ Date completed: S. Posson, DO

Reviewer: \_\_\_\_\_ Title: \_\_\_\_\_

(Print Name)

Signature: \_\_\_\_\_ MAY 26 2016

HCAC Use Only

Date received by HCAC: \_\_\_\_\_

HCAC Use Only

Date closed and mailed/delivered to appellant: CTE MAY 31 2016

**SECTION F.** If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Health Care Appeals, ATTN: Chief, Building C, P.O. Box 588500, Elk Grove, CA 95758. If you need more space, use Section F of the CDCR 602-A.

I incorporate all claims and requests made in Sections (A),(B)&(D) of this appeal as though they were stated fully herein. I am not satisfied with the SIR response because but not limited to: (1) I haven't been monetarily compensated; and, (2) I am still experiencing excruciating pain and suffering as a direct result of my finger being cut off.

Patient-Inmate Signature: Joel Nunez Date Submitted: 6-4-16

**SECTION G. THIRD LEVEL - Staff Use Only**☐ Rejected (See attached letter for instruction): Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_☐ Cancelled (See attached letter): Date: \_\_\_\_\_☒ Accepted at the Third Level of ReviewYour appeal is: ☐ Granted ☐ Granted in part ☒ Denied ☐ Other: \_\_\_\_\_

See attached Third Level response.

Third Level Use Only  
Date closed and mailed/delivered to appellant: SEP 01 2016

**Request to Withdraw Appeal:** I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Patient-Inmate Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Print Staff Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

APR 29 2016

TO CTE  
HEALTH CARE APPEALS

STAFF USE ONLY

B2



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## Institution Response for First Level HC Appeal

**Date:** April 8, 2016

**To:** NUNEZ, JOEL (K63350)  
C EW 3309001L  
Correctional Training Facility  
P.O. Box 686  
Soledad, CA 93960-0686

**TREAT AS ORIGINAL**  
4-29-16 [signature]

COMPLETED  
MAY 31 2016  
CTF  
HC APPEALS

**Tracking/Log #:** CTF HC 16043409

### Appeal Issues:

In your CDCR-602HC Inmate/Parolee Health Care Appeal Form received on March 15, 2016, you indicated:

Issue Type	Action Requested	Disposition
<b>Issue 1:</b> Administrative ( Monetary Compensation )	Requests monetary compensation for permanent injuries	Denied

### Interview:

You were interviewed by T. Friederichs, M.D., Physician and Surgeon (P&S) and Primary Care Physician (PCP) on April 7, 2016, regarding this appeal. During the interview, you were allowed the opportunity to fully explain your appeal issue(s).

Your appeal with attachment(s), electronic Unit Health Record (eUHR) and all pertinent departmental policies and procedures were reviewed. The Disability Effective Communication System (DECS) was checked and you were determined to have a Test for Basic Adult Education (TABE) score of 8 and did not require accommodations to ensure effective communication.

### Response:

The First Level Appeal, received on March 15, 2016 indicated you are requesting monetary compensation for permanent injuries.

The response stated that Monetary compensation is beyond the scope of the appeals process. If you are dissatisfied with this appeal response concerning your request for monetary compensation, you may wish to contact the California Victim Compensation and Government Claims Board, P. O. Box 3035, Sacramento, CA 95812-3035.

At the First Level of Review this appeal was denied.

Your appeal with attachment(s), electronic Unit Health Record (eUHR), and all pertinent departmental policies and procedures were reviewed.

### Appeal Decision:

Based upon the aforementioned information, your appeal is denied.





If you are dissatisfied with the First Level Response, explain the reason in Section D of the CDCR 602 HC, attach supporting documentation and submit to the Health Care Appeals Coordinator for processing within 30 calendar days of receipt. If you need additional space, use Section D of the CDCR 602-A.

*T. Friedrichs* MD

T. Friedrichs, M.D., Physician and Surgeon  
Correctional Training Facility  
California Correctional Health Care Services

**TREAT AS ORIGINAL**  
*4-29-16 ml*

COMPLETED  
MAY 31 2016  
CTF  
HC APPEALS

RECEIVED  
ICAB  
JUN 10 2016  
HC APPEALS

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